





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Toshiyuki MIYAUCHI

Serial No.

09/875,310

For

**DECODER AND DECODING METHOD** 

Filed

June 6, 2001

Examiner

TORRES, Joseph D.

Art Unit

2133

RECEIVED

MAR 2 6 2004

**Technology Center 2100** 

MAIL STOP AF COMMISSIONER FOR PATENTS

Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

$\boxtimes$	No additional fee	e is	required.
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The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

## Claims as Amended

(1)	(2) Claims remaining	(3)	(4) Highest number	(5)	(6)	(7)
	after amendment		previously paid for	Present extra	Rate	Additional fee
Total claims	30	Minus	30 =	0 ×	\$18(9)	= \$0
Independent claims	2	Minus	3 =	0 ×	\$86(43)	= \$0
				onal fee for endment		= \$0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid, or is paid
herewith
This response is being filed within the month following the expiration of the term originally set therefor.
This is a petition to request a <b>-month</b> extension of time. A check covering the cost of the petition is

enclosed. A check in the amount of \$

.00 is attached, which covers the cost of  $\square$  additional claims and  $\square$  -month petition

FROMMER LAWRENCE & HAUG, LLP

for extension of time. 

Charge \$\_ to Deposit Account No. 50-0320.

 $\boxtimes$ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

## **EXPRESS MAIL**

Mailing Label Number:

EU 988124072 US

Date of Deposit:

March 22, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop AF,

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Darren M. Simon Reg. No. 47,946 Tel. (212) 588-0800

Attorneys for Applicant(s)

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.